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HEALTH CARE
IMPROVEMENT
PROJECT

Quality Improvement to Deliver Maternal Newborn Care at Scale: the Improvement Collaborative in Benin, Ecuador, and Niger

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Countdown 2015

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Premise...

High-impact evidence-based interventions are available for leading causes of maternal and newborn mortality but are poorly implemented or in-accessible in many settings, resulting in:

- poor quality of care and coverage
- adverse outcomes (mortality and morbidity)

Maternal Newborn Care Quality Challenges

- Weak health service organization (e.g. irregular skilled coverage; inefficient care organization)
- Poor provider competence for evidence-based care
- Weak provider support: irregular supervision and in-service training of providers; frequent staff mobility
- Frequent stock-out of essential inputs
- Lack of quality indicators in national health information systems (including weak capacity of health system to monitor basic quality indicators)
- Poor access to care for lowest poverty quintiles
- Poor utilization of services and poor client satisfaction

Resources

SBA competence and availability

Poor access to skilled care → delay

Lack of standards

Weak infrastructure

Weak HIS

Processes

Non-compliance with standards

Poor organization of care (inefficiency, third delay)

Uncaring care

Results (Outcomes)

Inadequate health services delivered

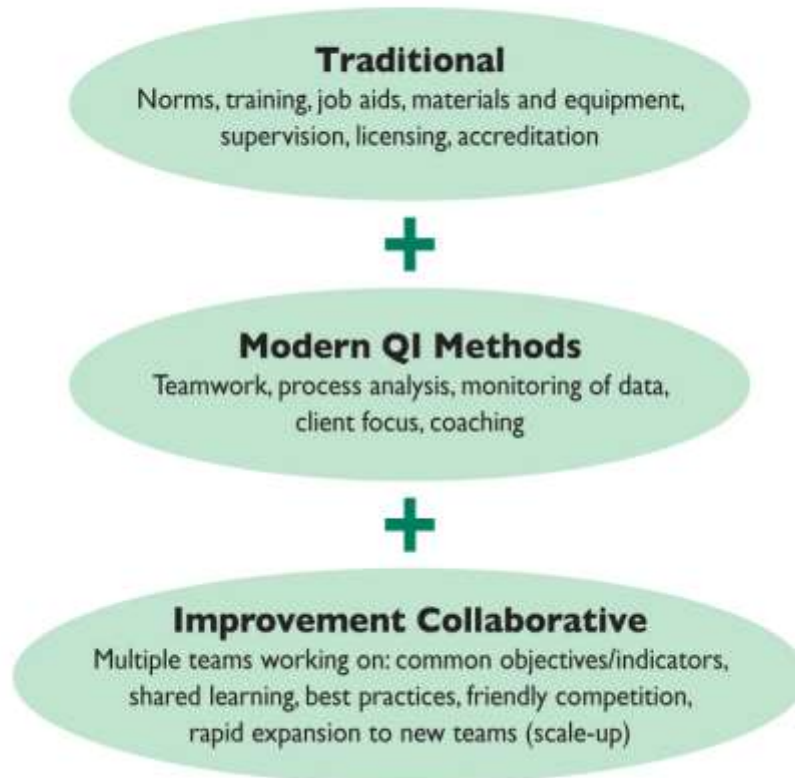
Negative health outcomes

Poor client satisfaction



The Improvement Collaborative Builds Upon and Scales Up Modern QI for Maternal Newborn Care

Value Added of the Collaborative Approach to Improving Quality of Health Care



QI Team at a Niger Maternity



Improvement Collaborative Principles

- **Network of participating organizations/sites involved in shared learning**
- **Quality Improvement (QI) team at each site**
- **Focused on one clinical/public health topic**
- **Shared learning system to find better ways to implement best practices and achieve improved results and health outcomes**
- **Regular communication between sites**
- **Common key indicators reported and shared monthly**
- **Best practices can be rapidly scaled up to new sites**

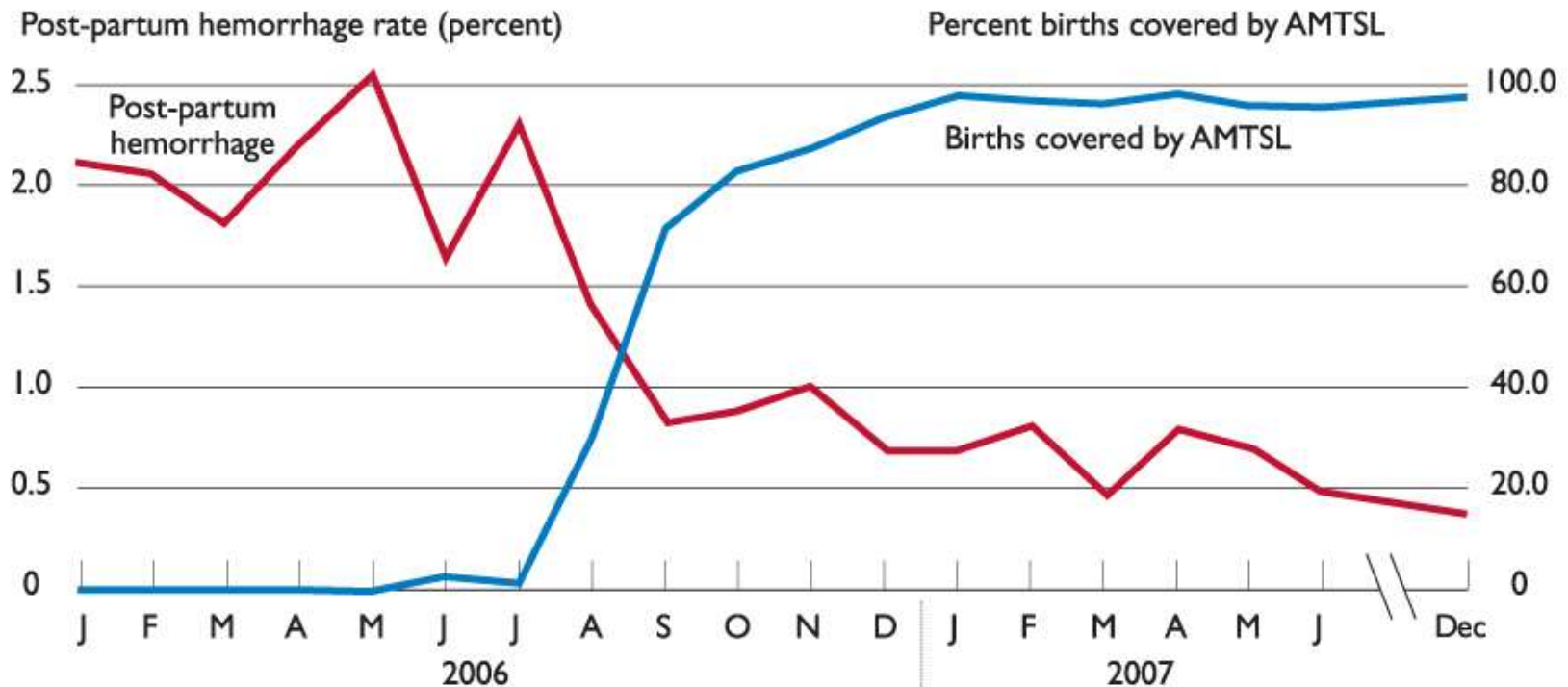
Maternal Newborn Care Collaboratives: Current Coverage by Country 2008

HCI Country	COVERAGE 2007		
	% Country Areas covered	% facilities targeted areas	# births targeted 2007
Ecuador	40% (67/169 health areas)	100 %	19,581
Honduras	25% Departmental health regions (5/20)	100% hospitals (15) 82% health centers (26)	62,753
Nicaragua	88% (15/17 SILAIS)	68% hospitals (15) 92% health centers (63)	56,943
Benin	3% 1/36 zones <i>Scaling via USAID PISAF project, 2008</i>	42% (10 facilities)	3,855
Niger	63% (26/42 districts) <i>Scaling up 2008</i>	80% reference maternities (28) 11 primary maternities	45,760 <i>*31% national facility births</i>

Niger Maternal Newborn Collaborative: Improving Prevention of PPH in Niger Public Maternities through Introduction of Active Management of the Third Stage of Labor (AMTSL)

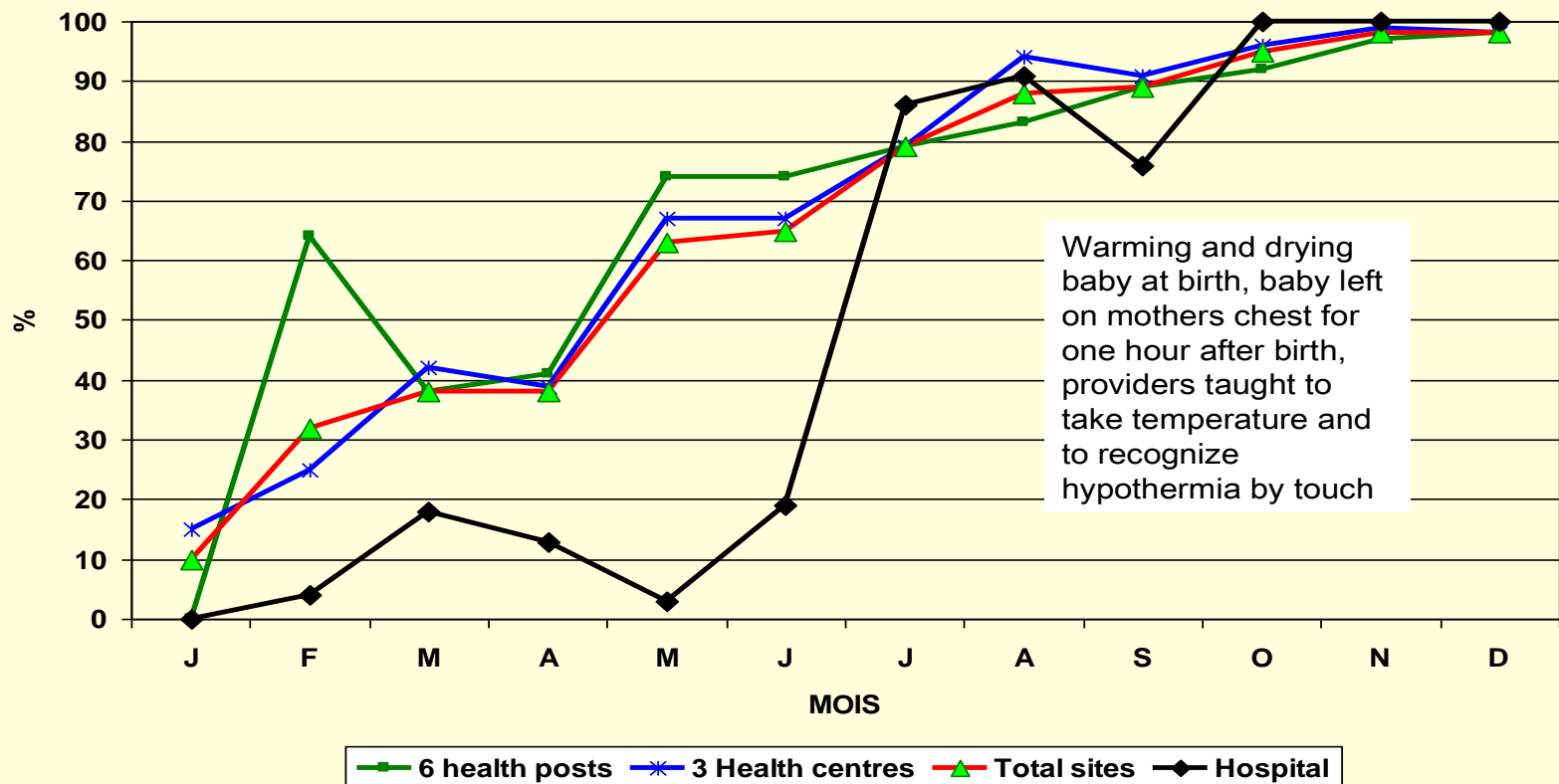
AMTSL coverage and post-partum hemorrhage rates in targeted facilities, January 2006- December 2007

Total number of births 2006: 28,937 (28 sites); 2007: 45,760 (39 sites);
32% of national annual public facility births

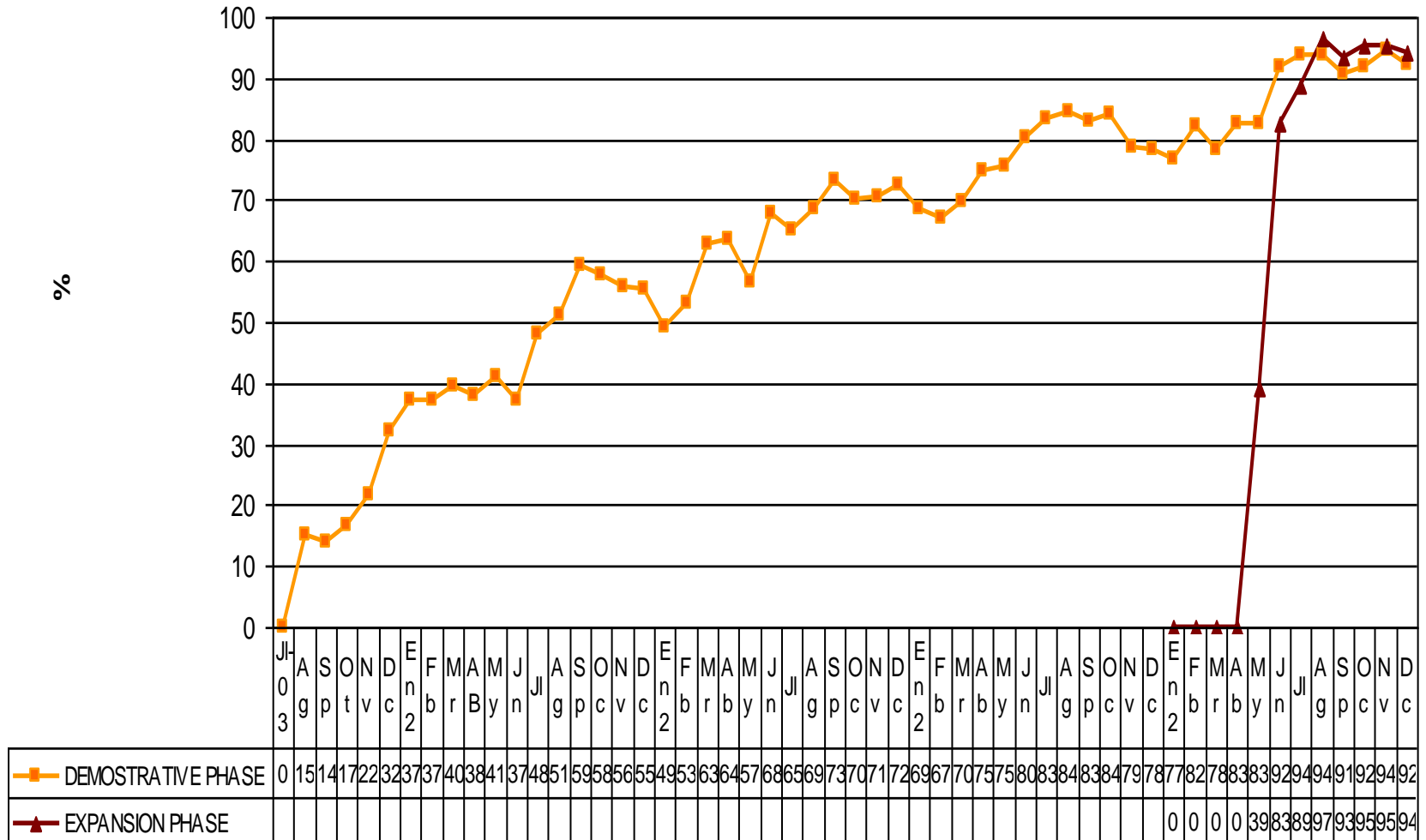


Improving Thermal Control Through Improved Quality of Essential Newborn Care in Benin Maternal Newborn Collaborative: 2007 (3,385 births total)

Percent of live vaginal births in 10 collaborative maternities with a temperature maintained above 36,5 C Jan- December 07.



Ecuador: Percentage of deliveries in which Oxytocin was administered to prevent PPH in Health Facilities participating in the Essential Obstetric Care (EOC) Collaborative: Demonstration (76 sites) and Expansion phase (58 sites), Jul 03- Dec 07



Take Home Messages...

- **Innovative QI approaches such as the Improvement Collaborative can help to accelerate improved quality and coverage of evidence-based maternal newborn care necessary to achieve MDGs 4 and 5**
- **Focus here has been skilled care during delivery and the perinatal period, but the Collaborative principles of improved networking, communication, and continuous feedback would apply to the broad range of evidence-based MNCH interventions**



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